



# SOUTH WEST HEALTHCARE HEALTH PROMOTION ACTION PLAN

2022 – 2023

Authors: South West Healthcare Health Promotion Team

# Contents

About this plan.....	2
Summary of Plan.....	3
Vision .....	3
Purpose .....	3
Priority Areas .....	3
Objectives .....	3
Target Population Groups.....	3
Key Settings.....	3
Implementation Plan .....	4
Appendix 1 – Rationale for Priority Areas.....	16
Healthy Eating.....	16
Appendix 2 - Guiding Principles .....	17
Appendix 3 – Our Approach.....	19
Appendix 4 – Policy Context and Supporting Resources .....	20
Appendix 5 – Acronyms .....	21
References .....	22

# South West Healthcare

## Health Promotion Action Plan 2022 – 2023

### About this plan

This plan is a continuation and builds upon the South West Healthcare Health Promotion Action Plan 2021 – 2022. The 2021-22 plan was developed through a robust and comprehensive planning process which included;

- Undertaking an environmental scan of five of the ten priorities in the Victorian Public Health and Wellbeing Plan 2019-2023. The five priority areas reviewed were Increasing Healthy eating, Increasing Active Living, Improving mental wellbeing, Tackling climate change and its impact on health, and preventing all forms of violence.
- Completing a scoring matrix to determine which priority areas ranked highest against key criteria including burden of disease, evidence base to address the issue, strategic alignment and internal expertise. Completion of the matrix revealed Healthy Eating was the highest priority for the South West Healthcare health promotion team.
- Completion of two health promotion planning workshops to create a shared vision, objectives and key actions to be delivered over the 12 month period
- An evaluation workshop, facilitated by an evaluation consultant to develop the 12 month action plan's indicators and data measures.

Key actions prescribed in the 2021-22 action plan, was the;

- Completion of a literature review exploring food insecurity in Australia and identifying evidenced based interventions to address food insecurity, and
- Undertaking an environmental scan to determine impact of food insecurity in Australia, and ascertain local and state-wide interventions currently implemented that could be built upon or adapted to meet the needs of the local context.
- Consultation with key stakeholders, including service providers that work directly with those most likely to be experiencing food insecurity, and community members who have a lived experience of food insecurity.
- Surveying the general population in the Warrnambool City Council area, to gain an understanding of the community's attitudes towards healthy eating, and their experience of food insecurity.

The above activities highlighted the prevalence and impact of food insecurity within the Warrnambool City Council, solutions to address food insecurity and the need to tackle this issue collaboratively. As the 2021-22 plan was a developmental plan and primarily focused on gaining a greater understanding of the evidence and local context, the South West Healthcare Health Promotion team now have the foundational knowledge required and are better placed to move into implementation and expand consultation across the south west. The 2022-23 plan will see the team, in partnership, implement activities informed by the community voice, and broaden the consultation and engagement beyond the Warrnambool City Council, to the Shires of Corangamite and Moyne, to hear their experience of food insecurity living in rural and remote areas.

The 2022-23 plan will also see the continuation of the strong support to the Achievement Program and Smiles for Miles, and to promote the Vic Kids Eat Well program in the south west. Further capacity building initiatives, such as the locally developed "Foodies" program will be implemented, supporting a whole of community approach to promoting healthy eating.

# Summary of Plan

## Vision

All people in south west Victoria have access to nutritious food everyday.

## Purpose

We work in partnership with south west communities to ensure all people are able to access socially and culturally appropriate food that meets their needs.

## Priority Areas

<b>Primary priority area:</b>	Healthy Eating
-------------------------------	----------------

## Objectives

Healthy Eating Objectives	
<b>Objective 1:</b>	Increase access to and consumption of affordable and nutritious food for populations at greatest risk of food insecurity in South West Victoria.
<b>Objective 2:</b>	Increase the capacity and knowledge of communities in South West Victoria to be able to prepare and consume nutritious foods and drinks.
<b>Objective 3:</b>	Increase the capacity of key settings across South West Victoria to promote and provide nutritious foods and drinks.

## Target Population Groups

- Children and young people
- Those at greatest risk of food insecurity
  - Low income earners
  - Unemployed
  - Single parent households
  - CALD groups
  - Indigenous Australians

## Key Settings

- Early Childhood Services
- Schools
- Workplaces
- Sport & Recreation Centres
- Community and Welfare Organisations
- Local Council

## Implementation Plan

**Objective 1: Increase access to, and consumption of, affordable and nutritious food for populations at greatest risk of food insecurity in South West Victoria.**

Action	Key Partners	Process Measures	Baseline October 2022	Anticipated outcomes
<b>1.1 Map food accessibility across the Moyne and Corangamite Shires (food accessibility has been mapped in WCC in 2022)</b>	Local Government	<ul style="list-style-type: none"> <li>No. of food outlets across LGA's</li> <li>Locations of food deserts</li> <li>No. of food deserts</li> <li>Map of food access per LGA produced</li> </ul>	This activity will provide baseline assessment	Food accessibility issues and food deserts across the 3 shires are identified
<b>1.2 Conduct the Victorian Healthy Food Basket Survey to identify the affordability of food in the Moyne and Corangamite Shires (VHFBS completed in WCC in 2022)</b>	Monash University	<ul style="list-style-type: none"> <li>Engagement with Monash</li> <li>No. of market basket surveys completed</li> <li>Analysis and comparison of food affordability within the shires</li> </ul>	This activity will provide baseline assessment	Food affordability across the 3 LGAs is identified

Action	Key Partners	Process Measures	Baseline October 2022	Anticipated outcomes
<b>1.3 Share and promote the findings of the Food Insecurity Investigation regarding food accessibility, affordability and healthy eating with the WCC, Moyne Shire Council, Corangamite Shire Council and key stakeholders, using as an advocacy and engagement tool.</b>	Warrnambool City Council Moyne Shire Council Corangamite Shire Council Agencies who participated in the consultation	<ul style="list-style-type: none"> <li>Relationship development and relationship strength with councils</li> <li>No. of stakeholders the findings are distributed to</li> <li>Feedback/engagement from stakeholders as a result of the findings distribution</li> </ul>	This activity will form part of baseline assessment	All stakeholders that participated in the consultation will receive a copy of the findings of the food insecurity investigation  Sharing the findings and targeted communication with key stakeholders will lead to greater engagement and buy in
<b>1.4 Publicise and make available the communications tool/s that shares the evidence and data collected in the research, mapping and consultation regarding food insecurity, accessibility and healthy eating locally</b>	Warrnambool City Council Moyne Shire Council Corangamite Shire Council Agencies who participated in the consultation	<ul style="list-style-type: none"> <li>No of tools and resources developed</li> <li>Usability and accessibility of communications tool</li> </ul>	This activity will form part of baseline assessment	Evidence gathered is translated into accessible communications tools and resources  Stakeholders have increased awareness of food insecurity and barriers to healthy eating locally  Communications tool raises awareness of the barriers to accessing nutritious food and food insecurity locally

Action	Key Partners	Process Measures	Baseline October 2022	Anticipated outcomes
<b>1.5 Play a supporting role in the development and maintenance of community gardens by providing evidence of best practice, and connecting key stakeholders</b>	Warrnambool Community Garden  Community Gardens within the south west	<ul style="list-style-type: none"> <li>Relationship development and relationship strength with Warrnambool Community Garden</li> </ul>	Relationship forming with Warrnambool Community Garden	<p>Stronger relationship between SWH health promotion and community gardens</p> <p>Community has greater awareness of community gardens</p> <p>Community gardens are more inclusive and accessible to those in need</p>
<b>1.6 Support community initiatives that enables the community to access nutritious food, and develop healthy eating skills, through partnership brokerage and community development (e.g. support linkages with cooking classes)</b>	Agencies that participated in the food insecurity consultation  Councils  Neighbourhood Houses	<ul style="list-style-type: none"> <li>Relationships development and strength with key stakeholders</li> <li>Partnership establishment with stakeholders</li> <li>No. of community initiatives supported</li> </ul>	NIL	Greater relationships and partnerships developed between agencies across the south west
<b>1.7 Work with Food Share to increase the quality and content of food and drink options in food hampers/emergency relief</b>	Food Share  Local producers and food suppliers  Uniting Way Glenelg	<ul style="list-style-type: none"> <li>Relationship strengthen with Food Share</li> <li>Online food ordering system established</li> </ul>	75% of respondents in the community food survey 2022 sometimes or never feel confident to cook meals from hamper	Food Share has increased capacity to advocate for nutritional food donations and enhanced communication with stakeholders

Action	Key Partners	Process Measures	Baseline October 2022	Anticipated outcomes
	Portland District Health, Health Promotion team	<ul style="list-style-type: none"> <li>No. of resources developed and promoted to support Food Share users</li> </ul>	Participants in the community food consultation frequently raised concerns regarding the quality and freshness of the produce in the hampers, and issues regarding the hampers meeting dietary requirements	<p>Nutritional value and variety of hampers increases</p> <p>Development of resources to support users to produce and consume meals from the food hampers</p> <p>People using food hampers have increased capacity to use the contents and prepare meals</p> <p>People accessing Food Share have increased access to nutritious food and drink options</p>
<b>1.8 Develop a regional guide showcasing where the community is able to access nutritious food and produce, such as community gardens, community markets and food swaps etc</b>	Local councils Local food producers	<ul style="list-style-type: none"> <li>Resource developed</li> <li>No. stakeholders the resource is distributed to</li> <li>Feedback/engagement with the resource</li> </ul>	NIL – this activity will form part of baseline	<p>Resource developed is accessible and useful to community members</p> <p>Community members and service providers have greater awareness of locations to access fresh produce</p>



**Objective 2: Increase capacity, and knowledge, of communities in South West Victoria to be able to access, prepare and consume nutritious food and drink.**

Action	Key Partners	Process Measures	Baseline October 2022	Anticipated impacts
<b>2.1 Review and deliver the Foodies program to increase the number of food champions across the south west that support and promote healthy eating</b>	Disability Services  Welfare Agencies  Youth and children's services  Neighbourhood houses  CALD community  Community gardens  FoodShare and volunteer staff	<ul style="list-style-type: none"> <li>• No. of workshops delivered</li> <li>• No. of participants attending the workshops</li> <li>• No. of organisations/sectors attending the workshops</li> <li>• Feedback from participants</li> </ul>	3 attendees participated in the Pilot of the Foodies program in May 2021, and reported the following feedback; <ul style="list-style-type: none"> <li>○ 1/3 participants reported an increase in their knowledge of healthy eating and the SDH</li> <li>○ 2/3 Participants reported no change in their knowledge</li> </ul> All participants reported intention to utilise information acquired in the workshop in their work	Participants' understanding of the social determinants of health and barriers to healthy eating increases  Participants take action to address the social determinants of health and barriers to healthy eating  Increase capacity of participants to develop their own initiatives to address healthy eating and food security
<b>2.2 Connect participants of the Foodies program to enable continued shared learning, and foster partnerships across the region</b>	Foodies program participants	<ul style="list-style-type: none"> <li>• No. of participants in the Foodies program</li> <li>• Platform established to connect participants</li> <li>• Relationship development between participants</li> </ul>	NIL	Participants of Foodies program continue to learn and be engaged with promoting healthy eating  Relationships develop between participants

Action	Key Partners	Process Measures	Baseline October 2022	Anticipated impacts
		<ul style="list-style-type: none"> <li>Participant engagement</li> </ul>		
<b>2.3 Partner with FoodShare and associated organisations to develop culturally appropriate, accessible and relevant resources to support the preparation and consumption of food (recipe cards, food literacy resources etc.)</b>	FoodShare and their partners  Uniting Way Glenelg  Portland District Health, Health Promotion  SWH Dietitians  Brophy Youth and Family Services	<ul style="list-style-type: none"> <li>Relationship establishment with Food Share and key partners</li> <li>Primary users of Food Share identified</li> <li>Needs of primary users identified to support them to utilise items in the food hamper</li> <li>Resources developed in partnership</li> </ul>	This activity will form part of baseline assessment	Evidence based resources provide target audience with guidance of how to utilise contents of Food Share box  Those accessing Food Share have increased understanding, skills and confidence to utilise the contents of the hamper
<b>2.4 Support the development and implementation of campaigns/community messaging that promotes healthy eating, and knowledge and skill development</b>	WCC	<ul style="list-style-type: none"> <li>Relationship strength with WCC</li> <li>Knowledge regarding evidenced based healthy eating messages and campaigns</li> <li>Development of health and wellbeing campaign</li> <li>Reach of campaign</li> </ul>	NIL	SWH health promotion have increased understanding of best practice and evidence in delivering a campaign to promote healthy eating  Campaign is delivered in partnership and will reach key target audience in community

Action	Key Partners	Process Measures	Baseline October 2022	Anticipated impacts
		<ul style="list-style-type: none"> <li>Community members recognition and understanding of campaign</li> </ul>		Community members exposed to the campaign have increased awareness and understanding of importance of healthy eating

### Objective 3: Increase capacity of key settings in south west Victoria to promote and provide nutritious food and drink

\* Since 2016, the SWH HP team has heavily invested in the Smiles 4 Miles (S4M) program, and similarly worked intensely promoting and supporting education settings and workplaces to implement the Achievement Program (AP) since 2018. Due to this investment, these programs now have a strong reach across our catchment with many organisations' capacity to promote health and wellbeing increased, and have implemented initiatives with sustained impact. Therefore our focus in this 12 month action plan will be to prioritise those we have not yet engaged with, to expand our reach, and to work with the settings that require additional support, including;

- Education settings with low SEIFA data
- Education settings and workplaces with staff and students from low SES backgrounds
- Educations settings and workplaces where there is current low engagement, and opportunity to re-engage and strengthen the relationship

Actions	Key Partners	Process Measures	Baseline October 2022	Anticipated outcomes
<b>3.1 Support the facilitation of partnerships across the region to enable the delivery of the INFANT the program</b>	Local Government, MCH, Deakin University	<ul style="list-style-type: none"><li>• Strength of relationship/engagement with each council in our catchment</li><li>• No. people trained in INFANT</li><li>• No. LGAs implementing INFANT</li></ul>	<p>1x LGA (Corangamite Shire Council) is currently implementing INFANT Program</p> <p>The following practitioners in the south west have participated in INFANT Facilitation Training:</p> <ul style="list-style-type: none"><li>• 5 x SWH Health Promotion Officers</li><li>• 1 x SWH Dietitian (Corangamite Shire)</li><li>• 5 x Corangamite Shire MCH Nurses</li><li>• 1 x Corangamite Shire Dietitian</li></ul>	Key settings/stakeholders are aware of INFANT and receive support from SWH to implement the program

			<ul style="list-style-type: none"> <li>• 2 x Timboon &amp; District Healthcare Service Staff</li> <li>• 6 x Moyne MCH Nurses</li> <li>• 1 x Kirrae Health Service Health Promotion Officer</li> <li>• 1 x Warrnambool MCH Nurse</li> </ul>	
<b>3.2 Support early childhood services to implement the Achievement Program*</b>	Early Childhood Services AP Local Government	<ul style="list-style-type: none"> <li>• No. of ECS actively supported with implementation of the AP in previous 12 months</li> <li>• No. of ECS with new recognitions from the AP in previous 12 months</li> <li>• No. of ECS active in the Healthy Eating &amp; Oral Health priority area of the AP</li> <li>• No. of ECS recognised for the Healthy Eating &amp; Oral Health priority area of the AP</li> <li>• No. of ECS with a Healthy Eating &amp; Oral Health Policy that meets AP requirements</li> </ul>	<p>SWH supports 26 ECS implement the AP</p> <p>25 ECS are recognised for the Healthy Eating &amp; Oral Health priority area of the AP</p> <p>25 ECS have at least one recognition from AP</p>	<p>SWH supports partner early childhood settings to implement the AP</p> <p>Children across our catchment have access to the AP</p> <p>ECS capacity to promote health and wellbeing increases as a result of implementing the AP</p> <p>Socio-cultural norms reinforcing healthier eating and drinking have been promoted</p>
<b>3.3 Promote the Achievement Program to local schools and support them to implement the program*</b>	Primary Schools Secondary Schools AP Cancer Council	<ul style="list-style-type: none"> <li>• No. of schools actively supported with implementation of the AP in previous 12 months</li> <li>• No. of schools with new recognitions from the AP in previous 12 months</li> <li>• No. of schools active in the Healthy Eating &amp; Oral Health priority area of the AP</li> </ul>	<p>5 schools are actively supported by SWH HP to implement the AP</p> <p>1 School has achieved recognition for one priority area in the past 12 months</p>	<p>SWH supports partner schools to implement the AP</p> <p>Children and the school community across our catchment have access to the AP</p> <p>Schools capacity to promote health and wellbeing increase as a result of implementing the AP</p>

		<ul style="list-style-type: none"> <li>No. of schools recognised for the Healthy Eating &amp; Oral Health priority area of the AP</li> <li>No. of schools with a Healthy Eating &amp; Oral Health Policy that meets AP requirements</li> </ul>		Socio-cultural norms reinforcing healthier eating and drinking have been promoted
<b>3.4 Promote the Achievement Program to local workplaces and support them to implement the program*</b>	AP Workplaces  Wannon Water WCC Depot Southern Stay Disability services	<ul style="list-style-type: none"> <li>No. of workplaces actively supported with implementation of the AP in the previous 12 months</li> <li>No. of workplaces with new recognitions from the AP in previous the 12 months</li> <li>No. of workplaces active in the Healthy Eating priority area of the AP</li> <li>No. of workplaces recognised for the Healthy Eating priority area of the AP</li> <li>No. of workplaces with a Healthy Eating Policy that meets AP requirements</li> <li>No. of workplaces participating in the Workplace Health Network</li> </ul>	SWH has supported 1 workplace to implement the AP  1 workplace has recognition for all priority areas of the AP  1 workplace is recognised for the Healthy Eating priority area of the AP	SWH supports partner workplace settings to implement the AP  Workplaces across our catchment have access to the AP  Workplace capacity to promote health and wellbeing increase as a result of implementing the AP  Socio-cultural norms reinforcing healthier eating and drinking have been promoted
<b>3.5 Promote and support the implementation of Vic Kids Eats Well in the applicable settings</b>	Cancer Council HEAS ECS Schools Sports settings Local Government	<ul style="list-style-type: none"> <li>No. of settings engaged with Vic Kids Eat Well</li> <li>No. of settings actively supported to make at least 1 relevant/incremental change in previous 12 months</li> <li>No. of 'small bite' changes achieved in previous 12 months</li> <li>No of 'big bite' changes achieved in previous 12 months</li> </ul>	Program launched in February 2022.  5 Primary Schools in our catchment have registered for VKEW, however due to minimal capacity, activity to progress actions has been negligible	SWH supports partner settings to implement the Vic Kids Eats Well Program  Children across our catchment have access to the Vic Kids Eats Well Program  Increase socio-cultural norms reinforcing healthier eating and drinking

<b>3.6 Advocate and support the implementation of the Healthy Choices Guidelines in key settings (Sport and Rec, Workplaces)</b>	HEAS Local Council Sport and Recreation Centres Healthcare services	<ul style="list-style-type: none"> <li>No. of settings engaged with Healthy Choices Guidelines</li> <li>No. of settings actively supported with implementation of the Healthy Choices Guidelines</li> <li>No. of settings that have no more than 20% of products available for sale from the red food/drink group</li> <li>No. of settings that have at least 50% of products available for sale from the green foods/drink group</li> <li>No. of settings that have a policy/guideline that complies with HCG requirements</li> </ul>	0 LGA's are currently actively implementing Healthy Choices Guidelines in Sport and Recreation Centres	<p>SWH supports partner sports and recreational settings to implement the Healthy Choices Guidelines</p> <p>Sports and recreation service users across our catchment have access to settings that use the Healthy Choices Guidelines</p> <p>Socio-cultural norms reinforcing healthier eating and drinking have been promoted</p>
<b>3.7 Explore the feasibility and interest in a local workplace health network</b>	Workplaces engaged with AP  Workplaces in SW Victoria	<ul style="list-style-type: none"> <li>Survey to identify interest and needs for a workplace health network established</li> <li>No. of workplaces completing the survey</li> <li>Feedback from survey</li> </ul>	NIL	<p>Interest in a local workplace health network from local workplaces established</p> <p>Best platform to host a workplace health network identified</p>
<b>3.8 Raise awareness of policies and practices that support breastfeeding in key settings</b>	Workplaces in SW Victoria  Australian Breastfeeding Association	<ul style="list-style-type: none"> <li>No. resources developed providing information on breastfeeding policies and practices</li> <li>No. of agencies resources disseminated to</li> <li>Engagement and feedback from agencies</li> </ul>	NIL	<p>Resources developed are accessible and provide relevant and best practice information</p> <p>Local workplaces and organisations have increased understanding of policies and practices to support breastfeeding</p>

		<ul style="list-style-type: none"><li>No. agencies implementing breastfeeding friendly practices</li></ul>		Increased no. of settings implementing practices to support breastfeeding
--	--	--	--	---



# Appendix 1 – Rationale for Priority Areas

## Healthy Eating

A healthy diet is fundamental to population health as it improves quality of life and wellbeing, and protects against chronic diseases. For infants and children, good nutrition is essential for optimal growth. Unfortunately, diet-related chronic diseases are a major cause of death and disability among Australians (National Health and Medical Research Council, 2015).

Dietary factors account for 7.3 per cent of the total burden of disease in Australia. Only one in 20 adults in Victoria meet the recommended five to six serves of vegetables per day, specified in the [Australian Dietary Guidelines](#). Adults on average eat less than half the recommended amount. And around 40 per cent of adults meet the recommended two serves of fruit per day (Victorian Public health and Wellbeing Plan 2019-2023).

According to the *Victorian Public Health and Wellbeing Plan 2019-2023*, overweight and obesity is the second leading cause of the disease burden, responsible for 8.4 per cent of the total burden and 19.3 per cent of the cardiovascular burden. Victoria (and Australia) has one of the highest rates of overweight and obesity in the world with:

- Nearly a third of Victorian adults are obese, 31.5 per cent or 1.5 million
- Two-thirds of the adult population are overweight or obese, around 3.3 million Victorians
- A quarter of children are overweight or obese

All human beings have the right to adequate food and the right to be free from hunger. Food insecurity exists "whenever the availability of nutritionally adequate and safe foods or the ability to acquire acceptable food in socially acceptable ways is limited or uncertain (Australian Institute of Family Studies, 2011). The *Foodbank Hunger Report* provides a sobering snapshot of food insecurity in Australia, reporting a significant increase in the frequency of food insecurity and demand for food relief due to the global COVID-19 pandemic. In 2019, 15% of Australians experiencing food insecurity were seeking food relief at least once a week, in 2020, that doubled to 31% (Foodbank, 2020).

Food insecurity is important due to the negative impact food security can have on parents and children, both in the short and long term. Food insecurity has been shown to affect academic achievement in children, both in ability upon commencement at school, and in learning over the school year. Food insecurity is especially relevant to the current "obesity epidemic" as data indicates that the risk of obesity is higher in those who experience (mild to moderate) food insecurity, due to the tendency of food insecure people to purchase cheaper food, which is often much lower in nutritional content and higher in fat, salt and sugar content and refined carbohydrates (Australian Institute of Family Studies, 2011).

Through the investigation and consultation we undertook in 2022, we identified food insecurity to be an issue locally in the Warrnambool City Council with out of the 122 people that completed the community food survey;

- 27% of respondents had run out of food in the past 12 months and didn't have enough money to buy more
- 34% had worried they would run out of food before having money to buy more

## Appendix 2 - Guiding Principles

### 1. We work from a Social Model of Health

The Social Determinants of Health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of systems shaping the conditions of daily life (WHO, 2021). SWH Health Promotion works from a Social Model of Health using a determinants approach that considers the following layers of influence:

- social gradient / hierarchy
- stress
- early life
- education
- social exclusion
- work
- unemployment
- social support
- addiction
- food
- transport

### 2. Our work prioritises those at greatest risk of poor health and food insecurity

Higher income groups, non-Indigenous Australians and people living in more advantaged neighbourhoods are more likely to eat a healthy and balanced diet, be a healthy weight and have better health outcomes. Conversely, Indigenous Australians, minority cultural groups, people living with disabilities and people living in remote and/or socioeconomically disadvantaged areas are more likely to be food insecure, more likely to be overweight or obese, more likely to have poor oral health, more likely to develop cardiovascular disease or type 2 diabetes in their lifetime, and more likely to die from a lifestyle-related chronic disease (Vic Health, 2015). Rather than working with those who already consume and can readily access nutritious food and drink, this action plan will prioritise working with those who experience greater barriers to accessing and consuming nutritious food and drink, to support their health and wellbeing.

### 3. Equity to achieve equality

*Equity* is a concept based on the human-rights principles of social justice and fairness. It is an approach that addresses the unfair and avoidable differences among social groups with an aim of achieving more equal outcomes (Vic Health, 2015). *Health equity* refers to the absence of systematic or avoidable disparities in health between groups of people, whether these groups are defined socially, economically, geographically or demographically (Vic Health, 2015).

Some people face greater barriers than others to enjoying a healthy life. SWH has a focus on addressing those barriers, to level the field between people who can more easily access the foundations of good health and those who face greater barriers. We want everyone to achieve their highest level of health (Vic Health, 2019).

An equitable approach means addressing need and aiming for more equal outcomes. Actions that benefit all social groups equally will not reduce the gap between the most and least disadvantaged or flatten the

social gradient in health. At the same time, approaches targeting only high-risk groups are unlikely to be effective on their own because they do not address the social gradient across the whole population, and have the potential to stigmatise the groups they are trying to reach. Therefore we will adopt a combination of universal and targeted approaches to address gaps, by tailoring the focus and intensity of our work proportionate to need (Vic Health, 2015).

#### **4. Partnerships and collaboration are central to the way we work**

Working in partnership is fundamental to health promotion. The factors that influence health outcomes are complex and extend well beyond the provision of health care services. As a result, accountability for the promotion of health must be shared across the community, with stakeholders inside and outside government in order to address complex and persistent health challenges.

According to Vic Health (2008) *“partnerships are an important vehicle for bringing together a diversity of skills and resources for more effective health promotion outcomes. Partnerships can increase the efficiency of the health and community service system by making the best use of different but complementary resources. Collaborations, joint advocacy and action can also potentially make a bigger impact on policy-makers and government”*.

SWH health promotion invests in developing and maintaining effective partnerships, and implementing activities that will have sustained outcomes by ensuring we build the capacity of those we work with;

##### **Capacity Building**

Capacity building involves *the development of sustainable skills, organisational structures, resources and commitment to health improvement to prolong and multiply health gains many times over* (Department of Human Services, 2013).

#### **5. Our work is evidence informed**

The SWH Health Promotion team will utilise the best available research, evidence and current data to guide our work. We understand the fidelity of evidence based interventions may be impacted by local contextual factors such as the acceptability to stakeholders, partnerships and systems, impact on health inequalities, feasibility, sustainability and cultural transferability (Department of Health, 2011). We also understand that in some areas of our work there may be a limited evidence base to guide us.

We also consider community voice to be an integral form of evidence. People with a lived experience of food insecurity will be at the centre of our work, and have made a commitment to ensure their voices, concerns and ideas are heard, and to involve them in the solutions to address the key barriers to good health.

## Appendix 3 – Our Approach

### **Developmental approach**

SWH Health Promotion used the 2021-2022 action plan as a foundation setting phase, conducting research, consultation, mapping and forming new partnerships, to elicit a strong understanding of current evidence and the local context. The 2022-2023 will expand on the foundations laid, by broadening our consultation across the south west, and begin implementation of activities to address food insecurity identified in the community consultation.

### **Whole of Population**

As discussed in Appendix 3 - Guiding Principles, we will adopt a combination of universal and targeted approaches. Whole of Population approaches are largely a *one size fits all* approach, aiming to improve the health of an entire population. Such whole of population approaches may include policy changes that will influence the population of an entire school or workplace, or changes to improve accessibility to nutritious food option for the entire community (such as changes to local infrastructure and transport, by advocating to and working with local council).

### **Settings Based Approach**

Making the everyday settings where people live, learn, play and work to be more conducive to health and wellbeing has long been recognised as an optimum way to improve population health (Vic Health, 2015). This approach recognises that policies and institutional practices shape the opportunities people have to lead healthy lives, and working within settings removes the focus from the individual to the setting, reducing stigma or shame that may occur in targeted approaches (Vic Health, 2015). SWH health promotion will continue to adopt a settings based approach, implementing already established state based programs including the Achievement Program, Smiles 4 Miles, the Healthy Choices Guidelines, and new programs such Vic Kids Eat Well and the INFANT program.

### **Community Engagement**

Community engagement is a planned process with the specific purpose of working with individuals and groups to encourage active involvement in decisions that affect them or are of interest to them (City of Melbourne, 2021). SWH health promotion will engage with the community to hear the voice of those with a lived experience of food insecurity, and involve them in identifying the solutions to shared issues.

### **Systems Thinking**

The aim of systems thinking is to understand opportunities and develop strategies to influence and shift the system from an undesirable to a more desirable state (Australian Prevention Partnership Centre, 2021). Systems thinking can be useful in dealing with complex problems when:

- Dealing with a stubborn long-term problem – not a one-off event – that has a known history
- There are multiple actors and multiple causes that interact and influence each other
- There are competing or conflicting interests, or different views of the situation or problem
- There's no single explanation for what is causing the problem and no single solution that fits all situations.

By conducting mapping and consultation, SWH health promotion aims to better understand the local food system, to positively influence it and enable more people to access and consume nutritious food.

## Appendix 4 – Policy Context and Supporting Resources

We have aligned our work with the below state policies and programs, and local plans.

### State Policies

- [Victorian public health and wellbeing plan 2019–2023](#)
- Department of Health, Community Health – Health Promotion Draft Guidelines 2021-2025

### State-wide Programs

- [Achievement Program](#)
- [Vic Kids Eat Well](#)
- [Healthy Eating Advisory Service](#) and [Healthy Choices guidelines](#)
- [Smiles 4 Miles](#)
- [INFANT Program](#)

### Local Plans

- [South West Healthcare Strategic plan 2020 - 20204](#)
- Corangamite Shire Council Municipal Public Health and Wellbeing Plan
- Moyne Shire Council Municipal Public Health and Wellbeing Plan
- Warrnambool City Council Municipal Public Health and Wellbeing Plan

## Appendix 5 – Acronyms

<b>AP</b>	Achievement Program
<b>CALD</b>	Culturally and Linguistically Diverse
<b>ECS</b>	Early Childhood Services
<b>DHSV</b>	Dental Health Services Victoria
<b>HEAS</b>	Healthy Eating Advisory Service
<b>HP</b>	Health Promotion
<b>LGA</b>	Local Government Area
<b>MCH</b>	Maternal Child Health
<b>SDH</b>	Social Determinants of Health
<b>SES</b>	Socio Economic Status
<b>SWH</b>	South West Healthcare
<b>WCC</b>	Warrnambool City Council

## References

Australian Institute of Family Studies, August 2011, *Food insecurity in Australia: What is it, who experiences it and how can child and family services support families experiencing it?*, Child Family Community Australia, Australian Government

Australian Institute of Family Studies, 2017, *What is community development?*, Child Family Community Australia, Australian Government

Australian Institute of Health and Welfare, 2021, *Social isolation and loneliness*, Australian Government

Australian Prevention Partnership Centre, 2021, *Systems thinking*, The Australian Prevention Partnership Centre

Child Family Community Australia, *Identifying and responding to food insecurity in Australia*, Australian Institute of Family Studies, Commonwealth of Australia 2020

Department of Health, 2010, *Making decisions about interventions A guide for evidence-informed policy and practice*, Prevention and Population Health Branch, Victorian Government Department of Health, Melbourne, Victoria

Department of Health and Human Services, 2019, *Mental Health*, State Government of Victoria, Australia © 2020

Department of Human Services, 2013, *Integrated health promotion resource kit*, Victorian State Government

Foodbank, *Foodbank Hunger Report 2020, Food Insecurity in the time of COVID-19*

Nutrition Health and Medical Research Council, 2015, *About the Australian Dietary Guidelines, Eat For Health*, Australian Government

Vic Health, 2008, *The partnerships analysis tool*, Victorian Health Promotion Foundation

VicHealth 2015, *Promoting equity in healthy eating*, Victorian Health Promotion Foundation

Vic Health, 2019, *Health Equity Strategy 2019-2023*, Victorian Health Promotion Foundation

*Victorian public health and wellbeing plan 2019–2023*, Prevention and Population Health Branch, State of Victoria, August 2019

World Health Organisation, 2021, *Social determinants of health*, World Health Organisation